

## Pediatrics Scenarios

### Scenario 1 of 6:

**Chief Complaint:** Term infant

**HPI:** This is a 38-5/7 week gestational age male infant delivered four hours ago via an uncomplicated spontaneous vaginal delivery. Apgars were 8 and 9. Pregnancy was unremarkable. Mother has no significant medical history and she had routine prenatal care. No illicit drugs, alcohol, or smoking. Only medication was a prenatal vitamin.

### Physical Exam:

**Vital Signs:** Afebrile, P= 136, RR= 32. Birth weight is 3300 grams, length 52 cm, head circumference 35 cm.

**General:** Alert, active, male infant in no acute distress.

**HEENT:** Head is normocephalic with anterior fontanelle open and flat. Positive bilateral red reflexes. Ears have normal shape and position. Nares patent. Bilateral cleft lip and cleft of hard palate involving both the hard and soft palate is present. Mucous membranes moist.

**Neck:** Supple with full range of motion.

**Cardiovascular:** No murmurs.

**Respiratory:** Lungs clear to auscultation.

**Abdomen:** Soft with normal bowel sounds. Umbilical stump is clean, dry, and intact.

**Genitalia:** Normal

**Extremities:** Full range of motion, no clubbing or hip clicks present.

**Skin:** Warm and pink. No jaundice.

**Neurologic:** Normal root, suck, grasp, and Moro reflexes.

Laboratory studies are WNL.

**Assessment and Plan:** Full term, appropriate for gestational age infant male with bilateral cleft lip and cleft of hard and soft palate. Feeding guidance, nutritional support, and reconstructive surgery timeline discussed with parents.

**Scenario 2 of 6:**

**Reason for Visit:** Night time cough

**HPI:** A 2 year old comes to the office with a persistent night time cough. It does not awaken him, but his parents hear him cough several nights each week. He seems short of breath and coughs when he runs hard. His parents have brought him to the office and to urgent care several times in the last 6 months for bad cough when he had a cold. No one has ever noted a wheeze on exam; inhaled albuterol has helped break coughing episodes.

**Past Medical History:** Significant for eczema as an infant. Both parents have asthma.

**Review of Systems:** As above.

**Physical Exam:** Afebrile. Lungs clear to auscultation, no wheezing present. Remainder of exam is within normal limits.

**Assessment and Plan:** Cough-variant asthma - treat with inhaled steroid for daily control, plus short-acting bronchodilator as rescue inhaler.

**Scenario 3 of 6:**

**Chief Complaint:** Cough and rapid breathing

**HPI:** The patient is a 5-year-old boy who presents with runny nose, cough, and rapid breathing. He has had several similar episodes in the past; he was treated with inhaled albuterol with good response. He does not have a nighttime cough when he is well and rarely coughs during the day.

**Past Medical History:** As above. Last wheezing episode was a year ago.

**Review of Systems:** As above.

**Social History:** Negative for secondhand tobacco exposure.

**Physical Exam:** Afebrile, RR= 28. Wheezing heard on lung auscultation. Remainder of exam is WNL.

**Assessment and Plan:** Intermittent asthma with exacerbation - breathing treatment with albuterol provided in office.

**Scenario 4 of 6:**

**Chief Complaint:** Fever and cough

**HPI:** The patient is a 10 year-old girl being seen for the acute onset of fever, nonproductive cough, myalgia, and arthralgia. She denies difficulty taking a deep breath.

**Past Medical History:** Noncontributory.

**Review of Systems:** As above; otherwise negative.

**Physical Exam:** Temp.= 100.5, BP= 114/62, P= 90, and RR= 18. A few crackles are heard at the right lung base.

Laboratory studies significant for a leukocyte count of 14,000/uL ( $14 \times 10^9$  L). Chest radiograph shows an infiltrate in the right middle lobe.

**Assessment and Plan:** Community-acquired pneumonia - start antibiotics.

**Scenario 5 of 6:**

**Reason for Visit:** Bilateral ear pain

**HPI:** Two-year old boy presents to the office for an evaluation of chronic bilateral ear infections. Mother notes cough, fever, irritability, and delays in speech and language development. Patient has previously completed 8 rounds of antibiotics for otitis media.

**Past Medical History:** As above; otherwise negative.

**Social History:** No smoking or pets in the home.

**Review of Systems:** As above.

**Physical Exam:** Patient is afebrile and pulling on ears. Both TMs are red on otoscopic exam with small amount of drainage of the right ear. Hearing exam with tuning fork reveals diminished hearing bilaterally. Exam of nasopharynx shows hypertrophy of adenoids. Lungs clear to auscultation. Remainder of exam within normal limits.

**Assessment and Plan:** Bilateral otitis media, suppurative without spontaneous rupture. Bilateral adenoid hypertrophy. Refer to ENT surgeon for myringotomy tubes and possible adenoidectomy.

**Scenario 6 of 6:**

**Chief Complaint:** Term infant

**HPI:** This is a 38-5/7 week gestational age male infant delivered four hours ago via an uncomplicated spontaneous vaginal delivery. Apgars were 8 and 9. Pregnancy was unremarkable. Mother has no significant medical history and she had routine prenatal care. No illicit drugs, alcohol, or smoking. Only medication was a prenatal vitamin.

**Physical Exam:**

**Vital Signs:** Afebrile, P= 136, RR= 32. Birth weight is 3300 grams, length 52 cm, head circumference 35 cm.

**General:** Alert, active, male infant in no acute distress.

**HEENT:** Head is normocephalic with anterior fontanelle open and flat. Positive bilateral red reflexes. Ears have normal shape and position. Nares patent. Bilateral cleft lip and cleft of her palate involving both the hard and soft palate is present. Mucous membranes moist.

**Neck:** Supple with full range of motion.

**Cardiovascular:** No murmurs.

**Respiratory:** Lungs clear to auscultation.

**Abdomen:** Soft with normal bowel sounds. Umbilical stump is clean, dry, and intact.

**Genitalia:** Normal

**Extremities:** Full range of motion, no clubbing or hip clicks present.

**Skin:** Warm and pink. No jaundice.

**Neurologic:** Normal root, suck, grasp, and Moro reflexes.

Laboratory studies are WNL.

**Assessment and Plan:** Full term, appropriate for gestational age infant male with bilateral cleft lip and cleft of hard and soft palate. Feeding guidance, nutritional support, and reconstructive surgery timeline discussed with parents.